

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004384

FILED FEB 7 1962

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1323

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in-1b
Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. John's HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
5943 Washington Blvd.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Thomas Michael Reardon

4. DATE
OF
DEATH

Month

Day

Year

January 29th., 1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/30/1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk, Circuit Court

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Michael Reardon

13b. MOTHER'S MAIDEN NAME

Bridget Ryan

14. NAME OF HUSBAND OR WIFE

Catherine Meagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes or unknown) (If yes, give war or dates of service)
Yes World War # 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Catherine Meagher

1373 Granville

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchus pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pulmonary emphysema

for yrs.?

DUE TO (c)

5271

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pt. had Cholecystectomy 10 days prior to death and
Bleeding ulcers 12/6/62

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

No

No

No

No

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-9-62 to 1-29-62 and last saw him alive on 1-29-62

Death occurred at 4 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Hammond M.A.

22b. ADDRESS

634 N. Grand

22c. DATE SIGNED

1/30/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2/1/1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Arthur J. Donnelly, 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.

JAN 30 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.